

PJ Name: \_\_\_\_\_ ID: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

QUESTIONS	ANSWER		NOTES
	Y	N	
1. Has the PJ created a written Section 504 self-evaluation? a. Did the PJ consider input from interested individuals and groups? b. Have self-evaluations and supportive documentation been maintained for at least five years?			
2. If the PJ has 15 or more employees: a. Has a Section 504 coordinator been designated? b. Has the PJ adequately notified relevant groups and individuals regarding its Section 504 non-discrimination policy? c. Has the PJ met all accessibility requirements (5 percent of new or substantially rehabilitated rental units accessible for those with mobility impairments and additional 2 percent for hearing/vision impairments)? d. Has the PJ provided a copy of its written grievance procedures?			